

2005 CAMPAIGN CONTRIBUTIONS AND EXPENSES**State of Nevada**

Construction Industry Committee

Certified # 7003 2260 0005 2484 7600

Name

Office

District

P.O. Box 7578

Reno, NV

89510

Mailing Address

madolej@nevadaagc.org

E-Mail Address

Select Appropriate Boxes ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING☐ **Report #1 - Due March 29, 2005**

Period: Jan. 1, 2005 - Mar. 24, 2005

☐ **Report #2 - Due May 31, 2004**

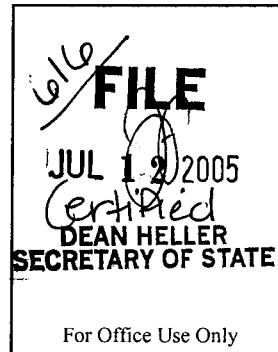
Period: Mar. 25, 2005 - May 26, 2005

☐ **Report #3 Due - July 15, 2005**

Period: May 27, 2005 - June 30, 2005

☐ **Annual Filing - Due January 15, 2006**

Period: January 1, 2005-December 31, 2005

**CONTRIBUTIONS SUMMARY****This Period**Cumulative From
Beginning of Report Period
#1 Through end of this
Reporting Period

1. Total Monetary Contributions Received Excess of \$100
2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From
Beginning of Report
Period #1 Through end
of this Reporting Period**3. Total Amount of Monetary****Contributions Received**

(Add Lines 1 and 2)

\$0.00

4. Total Value of In Kind

Contributions Received in

Excess of \$100

EXPENSES SUMMARY

5. Total Monetary Expenses Paid Excess of \$100
6. Total Monetary Expenses Paid of \$100 or Less
7. **Total Amount of All Monetary Expenses Paid**

(Add Lines 5 and 6)

\$0.00

15. Total Value of In Kind

Expenses in Excess of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct

Signature

July 12, 2005
Date

CAMPAIGN CONTRIBUTIONS**Report Period #3**

Name	Office	District
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Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTUTION	AMOUNT OF EACH CONTRIBUTUTION	CHECK HERE IF LOAN

CAMPAIGN CONTRIBUTIONS**Report Period** **#3**

Name _____

Office _____

District _____

Contributions of \$100 or Less

Date of Each Contribution	Amount of Each Contribution

Date of Each Contribution	Amount of Each Contribution

CAMPAIGN EXPENSES

Report Period

#3

Name

Office

District

Expenses In Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

**NAME & ADDRESS OF PERSON,
GROUP OR ORGANIZATION WHO
RECEIVED THE PAYMENT FOR
THE EXPENSE(S)****CATEGORY**
NRS 294A.365**DATE OF EACH
EXPENSE****AMOUNT OF EACH
EXPENSE**

CAMPAIGN EXPENSES		Report Period	#3
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CAMPAIGN EXPENSES		Report Period	#3
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CAMPAIGN EXPENSES		Report Period	#3
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Name	Office	District
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Name	Office	District
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Name	Office	District
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Expenses of \$100 or Less

[illegible][illegible]